STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G787	A. BUILDING 01 B. WING	09/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	5515 TOMAHAWK TRAIL FORT WAYNE, IN46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 09/12/11 Facility Number: 012483 Provider Number: 15G787 AIM Number: 201011380A Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, AWS was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies. The one story facility was not sprinklered. The facility has a fire alarm system with smoke detection in the corridors,	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey. Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.4. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/13/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
KS018	Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4 Doors are self-closing or automatic closing in accordance with 7.2.1.8 Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 1 of 5 sleeping room doors	KS018	A work order was completed and sent to Byall Homes on 9/14/11 to have the self closure mechanism	10/12/2011

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	would close and latch into the door frame. This deficient practice could affect 1 of 8 clients in the facility. Findings include: Based on an observation with the Residential Director on 09/12/11 at 12:18 p.m., the door to the north hall, center sleeping room failed to latch into the frame. This was acknowledged by the Residential Director at the time of observation.		adjusted in the north hall on the center sleeping room. The contractor is scheduled to perform the work and to have it completed before 10/12/11. All other doors are latching appropriately. AWS has a monthly maintenance walk through that the manager completes monthly that will check for proper closure of all doors in the home. This walk through will be sent to the director for review and to ensure complaince. .	
KS046	Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 Based on observation and interview, the facility failed to ensure 1 of 3 wet location client care areas was provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC sections 9.1.2 requires all electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can	KS046	A work order was completed and sent to Byall Homes on 9/14/11 to have a GFCI receptacle installed in the bathroom of the northeast sleeping room. The contractor is scheduled to perform the work and to have it completed before 10/12/11. All other wet locations have been checked to ensure that they are GFCI protected. A walk though has been completed by the contractor to ensure that all other wet locations have GFCI protected receptacles and the director will also complete a walk through to ensure compliance.	10/12/2011

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	reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects 2 of 8 clients. Findings include: Based on observation with the Residential Director on 09/12/11 at 12:15 p.m., the bathroom off of the north east sleeping room had one electrical receptacle on the wall within two feet of the hand sink. The electrical receptacle was not a GFCI receptacle. A GFCI testing device was used to test the receptacle at the hand sink. When the button was pressed on the GFCI testing device, power at the outlet was not interrupted. This was acknowledged by the Residential Director at the time of observation.			